

APR 23 1940

Registration District No. 775

Primary Registration District No. 6070-A

Registrar's No. 30

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Bonne Terre Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
(Specify whether

In this community
years, months or days)

3. (a) PRINT FULL NAME MARIA JANE ALLEN 450

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased July 30 1849
(Month) (Day) (Year)

8. AGE: Years 90 Months 8 Days 2 If less than one day hr. min.

9. Birthplace Batesville Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William D. Doe

18. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Oliver August

15. Birthplace Batesville Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Maudie Allen

(b) Address Bonne Terre Mo

17. (a) Funeral (b) Date thereof March 23 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W. Haley Cemetery

18. (a) Signature of funeral director Robert H. Allen

(b) Address 313 Benham Bonne Terre Mo

19. (a) 3-23-40 (b) M. W. Hawkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")

(d) Street No. West D.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22nd
year 1940 hour 2 minutes 30 P. M.

21. I hereby certify that I attended the deceased from 3-20-1940, to 3-20-1940;
that I last saw her alive on 3-20-1940,
and that death occurred on the date and hour stated above.

Immediate cause of death General arteriosclerosis with endarteritis obliterans
Due to in Rt. lower leg.

Due to _____

Other conditions (Include pregnancy within 3 months of death) 97

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 699

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature H. M. Roebelen (M. D. or other) 240

Address Bonne Terre, Mo. Date signed 3/29/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 6-17-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

No Embalming Done

Signed..... *J. Claywell*

Licensed Embalmer No. *3706*

P. O. Address *Donnell Lake Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.